



Dart Hawkesbury  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

D2891-1

Job Sheet 166612



Part No: D2891-1

Job Qty: 10 ea

Part Name: Support 2.25



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 10/12/17

Job Tracking No:

Due Date: 10/13/17

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV B IPP C 02.11.26 Added P/O KJ IPP D 08.03.19 Re-format EC verified: DD IPP Rev:E 11.08.04 as per dwg rev.B DD verf:EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Due Date | Standard  |         | Workcenter/Supplier   |                |
|-------|------------------------|--------|----------|-----------|---------|-----------------------|----------------|
|       |                        |        |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time      |
| 90    | Start up Operation     | 10 Ea  | 10/12/17 | 0.00      | 0.00    | Start up container    | MM             |
| 100   | CNC Vertical Machining | 10 pcs | 10/12/17 | 0.41      | 8.20    | HAAS 1                | MM             |
| 110   | QC                     | 10 pcs | 10/12/17 | 0.00      | 0.00    | QC2                   | MM             |
| 120   | QC                     | 10 pcs | 10/12/17 | 0.00      | 0.00    | QC8                   | 27m L 12/11/10 |
| 130   | Crosstubes             | 10 pcs | 10/13/17 | 0.00      | 0.47    | Crosstube             | DI 12/12/13    |
| 140   | QC                     | 10 pcs | 10/13/17 | 0.00      | 0.00    | QC3                   | 38             |
| 170   | Packaging              | 10 pcs | 10/13/17 | 0.00      | 0.00    | Packaging3            | LG052 9-89     |
| 180   | QC21-SA                | 10 Ea  | 10/13/17 | 0.00      | 0.00    | QC21                  | 17/11/16 9-89  |

Part Op 100 - 1-Machine as per Folio FA046

Descriptions: 130 - Per note 8 on page 1 of dwg D2891, Prep inner concave surface of support and apply 3M Scotch-Weld as per dwg. 24H of cure time. 138381-417/18

170 - LOCATION : LG052

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated | Std Qty |
|-----------------------|----------------|----------|-----------|-----------|---------|
| 90-Start up Operation | DSK076         | 5        | 15        | 0         | 0       |

### Part Specifications

| Spec No | Description   | Target/Tolerance        | Limits         | Type | Special Comments |
|---------|---------------|-------------------------|----------------|------|------------------|
| 1       | 2.250 Support | 0.188Inches $\pm$ 0.000 | 0.000<br>0.188 |      |                  |
| 2       | 2.250 Support | 0.240Inches $\pm$ 0.000 | 0.000<br>0.240 |      |                  |
| 3       | 2.250 Support | 0.115Inches $\pm$ 0.000 | 0.000<br>0.115 |      |                  |
| 4       | 2.250 Support | 0.040Inches $\pm$ 0.000 | 0.000<br>0.040 |      |                  |
| 5       | 2.250 Support | 0.010Inches $\pm$ 0.000 | 0.000<br>0.010 |      |                  |
| 6       | 2.250 Support | 0.240Inches $\pm$ 0.000 | 0.000<br>0.240 |      |                  |
| 7       | 2.250 Support | 0.290Inches $\pm$ 0.000 | 0.000<br>0.290 |      |                  |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                             |                                                |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____                           |                                                | <b>DISPOSITION</b>                              |                                                  | <b>AGAINST DEPARTMENT/PROCESS</b>                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Part No. _____                              |                                                | Rework <input type="checkbox"/>                 |                                                  | Skid-tube                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| NCR No. _____                               |                                                | Scrap <input type="checkbox"/>                  |                                                  | Machining                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                             |                                                | Use-as-is <input type="checkbox"/>              |                                                  | Thermoforming                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                             |                                                | Suspected Unapproved <input type="checkbox"/>   |                                                  | Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Date : _____                                |                                                | Step #: _____                                   |                                                  | QTY Effecti _____                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Description Work Order Deviation            |                                                |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                             |                                                |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                             |                                                |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Root Cause</b>                           |                                                |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>        | <div><b>W I P</b></div> <div><b>PART NO: D2891-1</b></div> <div><b>Revision:</b></div> <div><b>Operation: Start up Operation</b></div> <div><b>Quantity: 10</b></div> <div><b>Next Op: 100 CNC Vertical Machining</b></div> <div>Support 2.25</div> <div></div> <div><b>SERIAL NO: S000584</b></div> <div>Job #: 166612</div> <div>Mfg Date: 10/14/17</div> |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                             |                                                | OTHER : _____                                   |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

|    |               |                     |                |
|----|---------------|---------------------|----------------|
| 8  | 2.250 Support | 0.115Inches ± 0.000 | 0.000<br>0.115 |
| 9  | 2.250 Support | 0.454Inches ± 0.000 | 0.000<br>0.454 |
| 10 | 2.250 Support | 2.779Inches ± 0.000 | 0.000<br>2.779 |
| 11 | 2.250 Support | 0.240Inches ± 0.000 | 0.000<br>0.240 |
| 12 | 2.250 Support | 1.002Inches ± 0.000 | 0.000<br>1.002 |
| 13 | 2.250 Support | 0.053Inches ± 0.000 | 0.000<br>0.053 |
| 14 | 2.250 Support | 0.257Inches ± 0.000 | 0.000<br>0.257 |
| 15 | 2.250 Support | 1.663Inches ± 0.000 | 0.000<br>1.663 |
| 16 | 2.250 Support | 0.053Inches ± 0.000 | 0.000<br>0.053 |
| 17 | 2.250 Support | 0.022Inches ± 0.000 | 0.000<br>0.022 |

Plex 10/12/17 10:23 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MRB (QSI042) Approval</b><br><br><br><b>Completed By</b><br><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |  |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="width: 50%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>Pressure/Forced</b> <input type="checkbox"/><br><b>Bending</b> <input type="checkbox"/><br><b>Centre Not Concentric</b> <input type="checkbox"/><br><b>Cracks</b> <input type="checkbox"/><br><b>Crimp/Kink/Ripple/Wave</b> <input type="checkbox"/><br><b>Cuffs</b> <input type="checkbox"/><br><b>Crushing</b> <input type="checkbox"/><br><b>Heat Treat</b> <input type="checkbox"/><br><b>Wave/Twist in Tube</b> <input type="checkbox"/><br><b>Marks/Chatter</b> <input type="checkbox"/> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="width: 50%;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="width: 50%;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabelled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="width: 50%;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |  |  |

|                                    |               |                             |
|------------------------------------|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>          |               | <b>Work Order:</b> 166612   |
| <b>Description: Ø2.250 Support</b> |               | <b>Part Number:</b> D2891-1 |
| <b>Inspection Dwg: D2891</b>       | <b>Rev: B</b> | <b>Page 1 of 1</b>          |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

|                      |       |       |                | Record Actual Dimensions |       |       |       |       |
|----------------------|-------|-------|----------------|--------------------------|-------|-------|-------|-------|
| Dim                  | Min   | Max   | Go/No Go Gauge | 1                        | 2     | 3     | 4     | 5     |
| <b>HAAS Section</b>  |       |       |                |                          |       |       |       |       |
| AA                   | 0.188 | 0.193 | ✓ Pin gage     | .188                     | .188  | .188  | .188  | .188  |
| AB                   | 0.240 | 0.260 | ✓ Pin gage     | .256                     | .248  | .249  | .250  | .250  |
| AC                   | 0.115 | 0.150 | ✓ Vernier      | .129                     | .126  | .126  | .128  | .129  |
| AD                   | 0.040 | 0.060 | ✓ High gage    | .051                     | .050  | .050  | .050  | .050  |
| AE                   | 0.010 | 0.020 |                | .015                     | .015  | .015  | .015  | .015  |
| AF                   | 0.240 | 0.260 | Rayon          | .250                     | .250  | .250  | .250  | .250  |
| AG                   | 0.290 | 0.310 |                | .300                     | .300  | .298  | .299  | .298  |
| AH                   | 0.115 | 0.150 |                | .138                     | .141  | .140  | .140  | .139  |
| AI                   | 0.454 | 0.474 |                | .464                     | .464  | .465  | .464  | .465  |
| AJ                   | 2.779 | 2.789 |                | 2.783                    | 2.783 | 2.782 | 2.783 | 2.783 |
| AK                   | 0.240 | 0.260 | Rayon          | .250                     | .250  | .250  | .250  | .250  |
| AL                   | 1.002 | 1.042 |                | 1.032                    | 1.039 | 1.036 | 1.040 | 1.039 |
| AM                   | 0.053 | 0.073 | Rayon          | .069                     | .069  | .069  | .069  | .069  |
| AN                   | 0.257 | 0.262 |                | .257                     | .257  | .257  | .257  | .257  |
| AO                   | 1.663 | 1.683 |                | 1.674                    | 1.674 | 1.674 | 1.674 | 1.674 |
| AP                   | 0.053 | 0.073 | Rayon          | .063                     | .063  | .063  | .063  | .063  |
| AQ                   | 0.022 | 0.042 | Rayon          | .032                     | .032  | .032  | .032  | .032  |
| AR                   |       |       |                |                          |       |       |       |       |
| AS                   |       |       |                |                          |       |       |       |       |
| AT                   |       |       |                |                          |       |       |       |       |
| <b>Accept/Reject</b> |       |       |                |                          |       |       |       |       |

|                                     |                         |
|-------------------------------------|-------------------------|
| <b>Measured by:</b> Maxime M. / JMF | <b>Date:</b> 2017/10/28 |
| <b>Audited by:</b> JMF              | <b>Date:</b> 12/11/10   |
| <b>Preliminary Approval:</b>        | <b>Date:</b>            |

| Rev | Date     | Change          | Revised by | Approved |
|-----|----------|-----------------|------------|----------|
| A   | 02.12.12 | New Issue       | KJ/RF      |          |
| B   | 08.04.21 | Reformat        | KJ/JLM     |          |
| C   | 12.09.26 | Dwg Rev updated | KJ         |          |



|                                    |               |                     |                |
|------------------------------------|---------------|---------------------|----------------|
| <b>DART AEROSPACE LTD</b>          |               | <b>Work Order:</b>  |                |
| <b>Description: Ø2.250 Support</b> |               | <b>Part Number:</b> | <b>D2891-1</b> |
| <b>Inspection Dwg: D2891</b>       | <b>Rev: B</b> | <b>Page 1 of 1</b>  |                |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

|                      |       |       |                | Record Actual Dimensions |       |       |       |       |
|----------------------|-------|-------|----------------|--------------------------|-------|-------|-------|-------|
| Dim                  | Min   | Max   | Go/No Go Gauge | 6/1                      | 7/2   | 8/3   | 9/4   | 10/5  |
| <b>HAAS Section</b>  |       |       |                |                          |       |       |       |       |
| AA                   | 0.188 | 0.193 |                | .188                     | .188  | .188  | .188  | .188  |
| AB                   | 0.240 | 0.260 |                | .249                     | .250  | .251  | .250  | .250  |
| AC                   | 0.115 | 0.150 |                | .124                     | .126  | .127  | .127  | .128  |
| AD                   | 0.040 | 0.060 |                | .050                     | .052  | .051  | .052  | .053  |
| AE                   | 0.010 | 0.020 |                | .015                     | .015  | .015  | .015  | .015  |
| AF                   | 0.240 | 0.260 | Rayon          | .250                     | .250  | .250  | .250  | .250  |
| AG                   | 0.290 | 0.310 |                | .299                     | .295  | .298  | .300  | .299  |
| AH                   | 0.115 | 0.150 |                | .141                     | .141  | .140  | .141  | .142  |
| AI                   | 0.454 | 0.474 |                | .464                     | .464  | .464  | .456  | .455  |
| AJ                   | 2.779 | 2.789 |                | 2.783                    | 2.783 | 2.784 | 2.784 | 2.784 |
| AK                   | 0.240 | 0.260 | Rayon          | .250                     | .250  | .250  | .250  | .250  |
| AL                   | 1.002 | 1.042 |                | 1.039                    | 1.036 | 1.038 | 1.039 | 1.038 |
| AM                   | 0.053 | 0.073 | Rayon          | .069                     | .069  | .069  | .069  | .069  |
| AN                   | 0.257 | 0.262 |                | .257                     | .257  | .257  | .257  | .257  |
| AO                   | 1.663 | 1.683 |                | 1.674                    | 1.675 | 1.675 | 1.676 | 1.677 |
| AP                   | 0.053 | 0.073 |                | .063                     | .063  | .063  | .063  | .063  |
| AQ                   | 0.022 | 0.042 |                | .032                     | .032  | .032  | .032  | .032  |
| AR                   |       |       |                |                          |       |       |       |       |
| AS                   |       |       |                |                          |       |       |       |       |
| AT                   |       |       |                |                          |       |       |       |       |
| <b>Accept/Reject</b> |       |       |                |                          |       |       |       |       |

|                              |                           |              |            |
|------------------------------|---------------------------|--------------|------------|
| <b>Measured by:</b>          | <i>Maxime M. Lefebvre</i> | <b>Date:</b> | 2017/10/29 |
| <b>Audited by:</b>           | <i>Mark</i>               | <b>Date:</b> | 17/11/10   |
| <b>Preliminary Approval:</b> |                           | <b>Date:</b> |            |

| Rev | Date     | Change          | Revised by | Approved           |
|-----|----------|-----------------|------------|--------------------|
| A   | 02.12.12 | New Issue       | KJ/RF      |                    |
| B   | 08.04.21 | Reformat        | KJ/JLM     |                    |
| C   | 12.09.26 | Dwg Rev updated | KJ         | <i>[Signature]</i> |